Effective October 1, 2003 /0824425													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			20		· .		ΙΓ	RATE	FEE	7	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	385.00	OR	BASIC FEI	770.00	
TOTAL CHARGEABLE CLAIMS			2 = minus 20=		.0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		·0			X43= .		OR	X86=	<del></del>	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				-			JOH		<b> </b>	
* If the difference in column 1 is less than zero, enter "0" in column 2							Ĺ	+145=		OR	+290=	00	
								TOTAL	L	OR	TOTAL	770	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S	Total	. 20	Minus	- 2	0	=		X\$ 9=		OR	X\$18=		
AME	Independent	. 4	Minus		}	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+145=			+290=		
·								TOTAL		OR	TOTAL		
(Daluma 4)								DIT. FEE		OR,	ADDIT. FEE	L	
	<u> </u>	(Column 1) CLAIMS		(Colum		(Column 3)			4001			4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		<b>.</b>	,	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	<b>51.</b> 444.4	= .	- ;	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+	145=		OR	+290=		
							ADI	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE	:	
بند	(Column 1) (Column 2) (Column 3)								٠.			•	
MEN	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA	F		ADDI- NONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	*		<b>=</b> .	×	\$ 9=		OR	X\$18=		
	Independent		Minus	***		2	1	(43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OH -			
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
H	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT, FEE		
Ť	he "Highest Num	ber Previously Paid	For* (Total or	Independen	t) is the	highest number	found i	n the appr	opriate box	in colu	mn 1.		

Application or Docket Number